

**DOE-STD-1112-98**

**ATTACHMENT B**

**DEPARTMENT OF ENERGY  
APPLICATION FOR ACCREDITATION  
FOR DIRECT RADIOBIOASSAY**

1. DOE site or facility: \_\_\_\_\_

2. DOE Operations/Field Office: \_\_\_\_\_

3. Other DOE facilities using your laboratory for radiobioassay:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Contractor laboratory identification, if outside service is used:  
\_\_\_\_\_

5. Name of authorized representative for Direct Radiobioassay DOELAP accreditation:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Backup Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

6. Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attn: \_\_\_\_\_ Telephone: \_\_\_\_\_

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7. List all systems by name and model number, for which accreditation is sought and place an (x) in the box next to the appropriate category (see Table I and ANSI N13.30 for explanation of each category).

<u>Measurement Category</u>	Direct Radiobioassay
I. Transuranium elements via L x-ray in <b><u>Lungs</u></b>	[ ]
II. Americium-241 in <b><u>Lungs</u></b>	[ ]
III. Thorium-234 in <b><u>Lungs</u></b>	[ ]
IV. Uranium-235 in <b><u>Lungs</u></b>	[ ]
V. Fission and activation products in <b><u>Lungs</u></b>	<div style="display: flex; justify-content: space-between;"> <div>Category Accreditation</div> <div>[ ]</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> <div>Manganese-54</div> <div>[ ]</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> <div>Cobalt-58</div> <div>[ ]</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> <div>Cobalt-60</div> <div>[ ]</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> <div>Cerium-144</div> <div>[ ]</div> </div>
VI. Fission and activation products (Cesium-134 & Cesium-137) in <b><u>Total body</u></b>	[ ]
VII. Radionuclides in the <b><u>Thyroid</u></b>	<div style="display: flex; justify-content: space-between;"> <div>Category Accreditation</div> <div>[ ]</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> <div>Iodine-125</div> <div>[ ]</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> <div>Iodine-131</div> <div>[ ]</div> </div>
8. For each measurement protocol and system listed above, summarize important features, describing shielding, type of counting system, counting configuration, data reduction, MDA, peak identification (if applicable), and energy calibration.	
9. For each service, state whether it is processed in-house, in a commercial laboratory, or in another government facility or laboratory.	
10. Describe the efficiency calibration and routine counting procedures used in the direct radiobioassay measurement. Indicate protocols that may differ for different categories.	
11. Submit a QA plan or manual for the radiobioassay program in which accreditation is sought.	

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By authorizing this application you affirm that you are aware that if accreditation is granted to your organization, the accreditation applies to the indirect radiobioassay services using the specific measurement systems and protocols in the categories requested and using the measurement techniques that were used to demonstrate satisfactory performance in accordance with the ANSI N13.30. You will be expected to use the same system(s) and techniques in the normal measurement(s) you perform.

The contractor or service laboratory has the responsibility to inform the PEPA prior to implementing changes (e.g., in counting systems or analytical procedures) that could affect the system performance. The contractor or service laboratory shall provide evidence supporting a conclusion that the proposed changes are technically equivalent to the accredited system or procedure. The PEPA, with the Oversight Board's approval, shall make a determination of technical equivalence. If the determination is that the proposed changes are not technically equivalent, implementation of the proposed changes by the service laboratory will void accreditation.

I hereby authorize this application and attest that all statements made are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Authorized Representative:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Operations / Field Office Review:

In authorizing this application you declare that you commit the DOE Contractor to:

- C Be examined and audited, initially and on a continuing basis during the accreditation period.
- C Permit the on-site assessors to review and examine records or other documents required by the DOE Technical Standard.
- C Participate in proficiency testing programs that will be required for maintaining accreditation.

Authorized Operations / Field Office Representative:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

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## DOE-STD-1112-98

DOE F 1300.3  
(01-94)

U.S. Department of Energy  
**DOCUMENT IMPROVEMENT PROPOSAL**  
(Instructions on Reverse)

OMB Control No.  
1910-0900  
OMB Burden Disclosure  
Statement on Reverse

1. Document Number

2. Document Title

3a. Name of Submitting Organization

4. Type of Organization (*Mark one*)

☐ Vendor

☐ User

☐ Manufacturer

☐ Other (Specify: \_\_\_\_\_ )

3b. Address (*Street, City, Zip Code*)

5. Problem Areas (Attach extra sheets as needed.)

a. Paragraph Number and Wording

b. Recommended Wording

c. Reason/Rationale for Recommendation

6. Remarks

7a. Name of Submitter (*Last, First, MI*)

7b. Work Telephone Number (Include Area Code)

7c. Mailing Address (*Street, City, State, Zip Code*)

8. Date of Submission

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(01-94)

OMB Control No.  
1910-0900

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1. The submitter of this form must complete blocks 1 through 8.
2. The Technical Standards Program Office (TSPO) will forward this form to the Preparing Activity. The Preparing Activity will reply to the submitter within 30 calendar days of receipt from the TSPO.

NOTE: This form may not be used to request copies of documents, nor to request waivers, deviations, or clarification of specification requirements on current contractors. Comments submitted on this form do not constitute or imply authorization to waive any portion of the referenced document(s) or to amend contractual requirements.

### OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422 - GTN, Paperwork Reduction Project (1910-0900), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0900), Washington, DC 20503.

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U.S. Department of Energy Technical Standards Program Office  
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P.O. Box 2009, Bldg. 9201-3  
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**United States Department of Energy**  
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Oak Ridge, Tennessee 37831